

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

SUPPORT ENFORCEMENT ORDER

CASE NO.

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

Attorney:

v

Defendant's name, address, and telephone no.

Attorney:

1. Date of Entry: _____

Judge/Referee:

Bar no.

FINDINGS:2. ☐ a. The court adopts the findings reported by the referee.☐ b. The court has stated its findings on the record.☐ c. The order is the result of a consent.☐ 3. The ☐ plaintiff ☐ defendant is not in contempt.☐ 4. The ☐ plaintiff ☐ defendant failed to appear as ordered and a bench warrant should issue for his/her arrest.☐ 5. Costs associated with this proceeding are as follows:

Hearing: \$ _____

Bench Warrant: \$ _____

Arrest: \$ _____

Further Hearings: \$ _____

Other: \$ _____

Total Costs: \$ _____☐ 6. The ☐ plaintiff ☐ defendant is in contempt of court for:☐ a. failure to pay out of currently available resources all or some portion of the amount due.☐ b. failure to exercise due diligence so that s/he could have the capacity to pay all or some portion of the amount due.☐ c. failure to obtain or maintain health care coverage for the child(ren).**IT IS ORDERED:**☐ 7. A bench warrant shall issue for ☐ plaintiff's ☐ defendant's arrest with a \$_____ cash appearance bond
which includes \$_____ for the costs of this hearing, issuance of a bench warrant, and arrest.☐ 8. The hearing on the ☐ bench warrant ☐ show cause is adjourned to _____.

Reason: _____

☐ 9. The ☐ bench warrant is discharged. ☐ authorization for bench warrant is set aside.☐ 10. The order to show cause is set aside.

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v

Defendant's name

- ☐ 11. ☐ Plaintiff ☐ Defendant is assessed costs of \$ _____, payable _____ to the friend of the court.
- ☐ 12. Cash appearance bond in the amount of \$ _____ is forfeited and shall be transmitted to the friend of the court to be applied to the support account. \$ _____ shall be refunded to the payer.
- ☐ 13. The payer shall submit to the friend of the court on a _____ basis written reports of his/her efforts to find employment and all income received from whatever source during the report period. The reporting shall begin on _____. A bench warrant for arrest may be issued for failure to comply.
- ☐ 14. Beginning _____ the payer shall pay \$ _____ monthly. This sum is:
\$ _____ for child support, \$ _____ for overdue support, \$ _____ for uninsured medical expenses, \$ _____ for service fees, and \$ _____ for other.
- ☐ 15. ☐ Plaintiff ☐ Defendant shall provide proof to friend of court within _____ days that health care coverage has been obtained/maintained.
- ☐ 16. The friend of the court shall notify the appropriate employer, insurer, or plan administrator to enroll the child(ren) for health care coverage and to deduct premiums.
- ☐ 17. Income withholding in the amount of \$ _____ monthly shall start immediately.
- ☐ 18. The payer shall be committed to _____ days in the county jail, to be released upon payment of \$ _____ to the county sheriff, friend of the court, or clerk of the court as appropriate. The sum shall be applied as directed by the friend of the court.
19. Both parties shall notify the friend of the court in writing, within 21 days of the the change, of any change in: a) their mailing or residence address and telephone number; b) the name, address, and telephone number of their employer or source of income; c) the health care coverage available to them; the name of the insurance company, health care organization, or health maintenance organization; the policy, certificate, or contract number; and the names and birth dates of the persons who are covered; d) their occupational or driver licenses; and e) their social security number unless exempt by law under MCL 552.603.
- ☐ 20. ☐ Plaintiff's ☐ Defendant's license(s) will be suspended unless there is compliance with an order for payment of arrearage.
21. Unpaid support is a lien on a payer's property by operation of law and real and personal property can be encumbered or seized if an arrearage accrues in an amount greater than the periodic support payments payable for two months under the payer's support order.
- ☐ 22. Other: (see attached)

Judge_____
Plaintiff signature_____
Date_____
Defendant signature_____
Date